



Client Matter No. 80142.2021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| Serial No. 09/835,871 Application of: VANGE Filed: April 16, 2001 Art Unit: 2154 Examiner: N. EL HADY Attorney Docket No. CIRC025 For: SYSTEM AND METHOD FOR PROVIDING LAST-MILE DATA PRIORITIZATION | Confirmation No.: 5577 Customer No.: 25235 |
|--|--|

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RESPONSE PURSUANT TO OFFICE ACTION
DATED JUNE 3, 2005

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the office communication mailed June 3, 2005 please amend the above-identified application as follows:

Presentation of the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/835871

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | 31 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 31 minus 20= | 11 |
| INDEPENDENT CLAIMS | 4 minus 3= | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 31 | Minus | 31 | = - |
| Independent | 4 | Minus | 4 | = - |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

7-18-05

| | (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 28 | Minus | 31 | = |
| Independent | 5 | Minus | 4 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus | | = |
| Independent | | Minus | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY

TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | | OR | X\$18= | 198 |
| X40= | | OR | X80= | 80 |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 988 |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|----------------|----------------|----|----------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | |
| ADDITIONAL FEE | | OR | ADDITIONAL FEE | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|----------------|----------------|----|----------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | 200 |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 200 |
| ADDITIONAL FEE | | OR | ADDITIONAL FEE | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|----------------|----------------|----|----------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | |
| ADDITIONAL FEE | | OR | ADDITIONAL FEE | |